

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

16406

State File No.

FILED MAY 31 1955

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 152

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| 1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington St. Francois</u> | | c. CITY OR TOWN <u>Kirkwood</u> | |
| c. LENGTH OF STAY (in this place) <u>4Y; 3M; 5DAS.</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>State Hospital #4</u> | | e. STREET ADDRESS (If rural, give location) <u>3 Court Drive</u> | |

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| 3. NAME OF DECEASED a. (First) <u>Robert</u> (Type or Print) | | b. (Middle) <u>Frank</u> | | c. (Last) <u>Dannenbrink</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>May - 23 - 1955</u> | | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>July - 23 - 1901</u> | 9. AGE (In years last birthday) <u>53</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Police Officer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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| 13a. FATHER'S NAME <u>Robert H. Dannenbrink</u> | | 13b. MOTHER'S MAIDEN NAME <u>Agnes Ostrander</u> | | 14. NAME OF HUSBAND OR WIFE <u>Julia Dannenbrink</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>545-40-9363</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Julia Dannenbrink</u> | |
| ADDRESS <u>3 Court Dr. Kirkwood, Mo.</u> | | | | | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis, bilateral - - Unknown-</u> (revealed by x-ray 5-3-55) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Schizophrenia for about five years.</u> | | INTERVAL BETWEEN ONSET AND DEATH | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>002X</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from April 12, 1955 to May 23, 1955, that I last saw the deceased alive on May 23, 1955, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>John L. Brennan MD</u> | | 23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u> | |
| 23c. DATE SIGNED <u>5-24-55</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>5 - 23 - 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u> | 24d. LOCATION (City, town, or county) (State) <u>10180 Gravois, St. Louis 23 Mo.</u> |

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| DATE REC'D BY LOCAL REG. <u>May 24, 1955</u> | REGISTRAR'S SIGNATURE <u>Esther Rudloff</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Begunheim Bros.</u> | ADDRESS <u>6409 Gravois, St. Louis, Mo.</u> |
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(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

6561 990W SA

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....*Lawrence M. Seymour*

Licensed Embalmer No.434

P. O. Address.....*St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.